

**CONFERENCE CENTER AND TRAINING CENTER**  
**Indiana Government Center South, 402 West Washington Street**  
**Indianapolis, IN 46204 (317) 233-3117**

**Evaluation Questionnaire**

N/A

Excellent → Average → Unsatisfactory

**Overall Appearance of the Conference Center**

	<input type="checkbox"/>	①	②	③	④	⑤
Atrium / Lobby Area	<input type="checkbox"/>	①	②	③	④	⑤
Restrooms	<input type="checkbox"/>	①	②	③	④	⑤
Information Desk	<input type="checkbox"/>	①	②	③	④	⑤

**Overall Appearance of the Room(s)**

	<input type="checkbox"/>	①	②	③	④	⑤
Set-up	<input type="checkbox"/>	①	②	③	④	⑤
Lighting	<input type="checkbox"/>	①	②	③	④	⑤
Acoustics	<input type="checkbox"/>	①	②	③	④	⑤
Equipment	<input type="checkbox"/>	①	②	③	④	⑤
Cleanliness	<input type="checkbox"/>	①	②	③	④	⑤

Please note the room(s) that were used: \_\_\_\_\_

**Overall Experience with Staff**

	<input type="checkbox"/>	①	②	③	④	⑤
Available	<input type="checkbox"/>	①	②	③	④	⑤
Helpful	<input type="checkbox"/>	①	②	③	④	⑤
Courteous	<input type="checkbox"/>	①	②	③	④	⑤
Informed	<input type="checkbox"/>	①	②	③	④	⑤

Did you request anything that we were unable to provide (space, furniture, equipment, other)? Please explain. \_\_\_\_\_

What one thing did we do to make this experience a **pleasant** one? \_\_\_\_\_

What one thing could we do to **improve or enhance** your experience next time? \_\_\_\_\_

What one thing did we do or not do to make this experience an **unpleasant** one? \_\_\_\_\_

Additional Comments. \_\_\_\_\_

Signature (not required): \_\_\_\_\_

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Please fax to: 233-0011; or address an interoffice mail envelope to: Conference Center, IGCS.